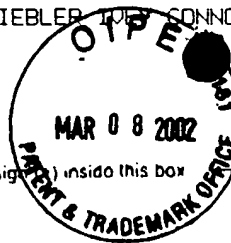


TYPE

Please type a plus sign (+) inside this box



COPY

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT

Application Number	09/041,685
Filing Date	March 13, 1998
First Named Inventor	Cullinan
Title	VERTICAL VORTEX, et al.
Group Art Unit	1724
Examiner Name	F. Prince
Attorney Docket Number	P-1534-011

I hereby appoint:

☐ Practitioners at Customer Number

23605

Place Customer
Number Bar Code
Label here
☒ Practitioner(s) named below

Name	Registration Number
Floyd E. Ivey	35,552

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

23605

Place Customer
Number Bar Code
Label here
☒ Firm or
Individual Name

Floyd E. Ivey

Address Liebler, Ivey & Connor

Address P.O. Box 6125

City Kennewick

State

WA

Zip

99936

Country USA

Telephone (509) 735-3581

Fax

(509) 735-3585

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Terry J. Cullinan

Signature

Date

1/24/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

COPY OF PAPERS
ORIGINALLY FILED

RECEIVED

MAR 13 2002

TC 1/00



Please type a plus sign (+) inside this box →



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/041,685
Filing Date	March 13, 1998
First Named Inventor	Cullinan
Title	VERTICAL VORTEX, et al.
Group Art Unit	1724
Examiner Name	F. Prince
Attorney Docket Number	P-1534-011

I hereby appoint:

☐ Practitioners at Customer Number

23605

Place Customer
Number Bar Code
Label here
☒ Practitioner(s) named below:

Name	Registration Number
Floyd E. Ivey	35,552

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

23605

Place Customer
Number Bar Code
Label here
☒ Firm or
Individual Name

Floyd E. Ivey

Address Liebler, Ivey & Connor

Address P.O. Box 6125

City Kennewick

State WA

Zip 99336

Country USA

Telephone (509) 735-3581

Fax (509) 735-3581

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
SIGNATURE of Applicant or Assignee of Record

Name Max Von Weiss

Signature *Max Von Weiss*

Date 01/29/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual user. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

COPY OF PAPERS
ORIGINALLY FILEDRECEIVED
MAR 13 2002
10 1700